

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

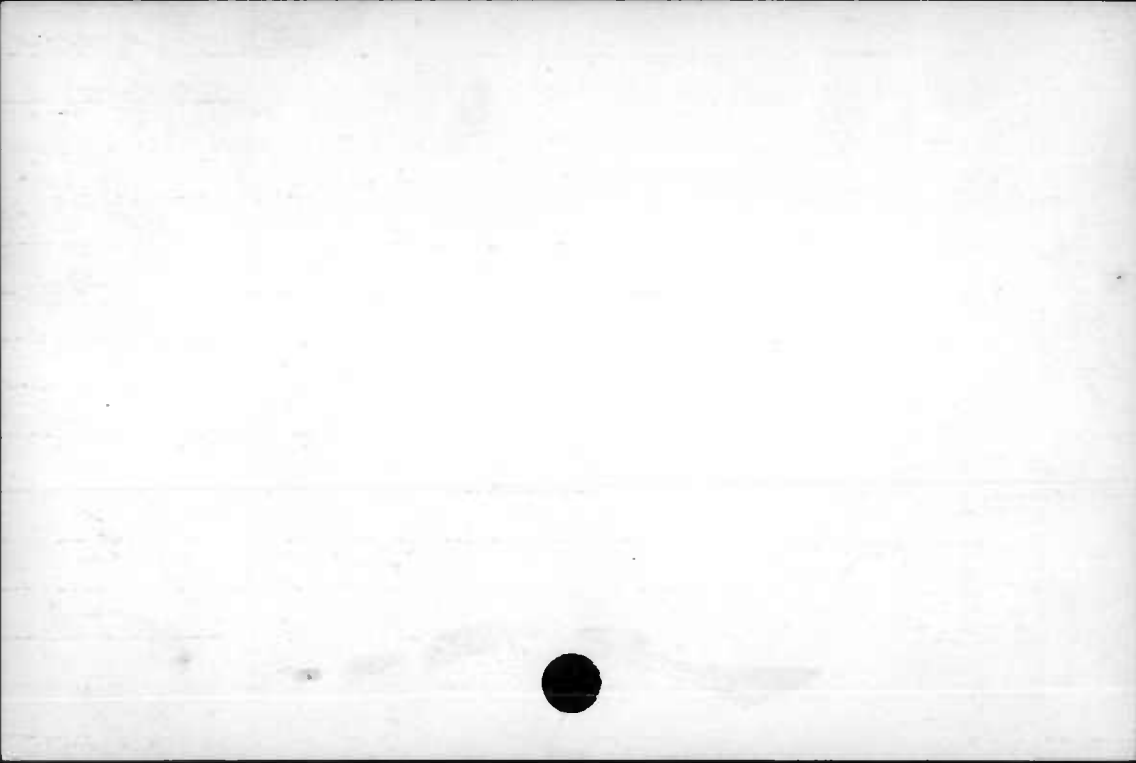
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Sand Gate</i>		Town <i>Sand Gate</i>		County <i>St. Mary's</i>			
Date of death <i>1907</i>		Month <i>1</i>	Day <i>19</i>	Age <i>28</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>John H. Buckler</i>					
Father's Name <i>Chapman Burrough</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary C. Stodd</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Arthur Stodd Turner</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>5 mos</i>
Immediate <i>Angina Pectoris</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. O. King</i>
<i>as I know</i>	Address <i>Co. 3rd</i>
Accident or Suicide?	<i>Md.</i>



Name
in
Full

Lottie Coppore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Drayden</i>		Town		<i>St. Mary's</i>		County		MARYLAND	
Date of death <i>1907.</i>	Month <i>Jan.</i>	Day <i>9</i>	Age <i>64</i>	Years	Months	Days			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>St. Mary's Co. Md.</i>						
Occupation <i>Housekeeper</i>			Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>		Name or Wife or Husband <i>Mrs. S. Coppore</i>							
Father's Name <i>William B. Guylcher</i>		Father's Birthplace <i>St. Mary's Co. Md.</i>							
Mother's Maiden Name <i>Liza Mark</i>		Mother's Birthplace <i>St. Mary's Co. Md.</i>							
Name of person giving information <i>John S. Guylcher Sr.</i>		How related to deceased <i>Cousin</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. Horpel Lynch, M.D.</i>	
		Address <i>Valley - St. Mary's Co. Md.</i>	
Accident or Suicide?			



Name
in
Full

Mrs J. E. Lamy

CERTIFICATE OF DEATH

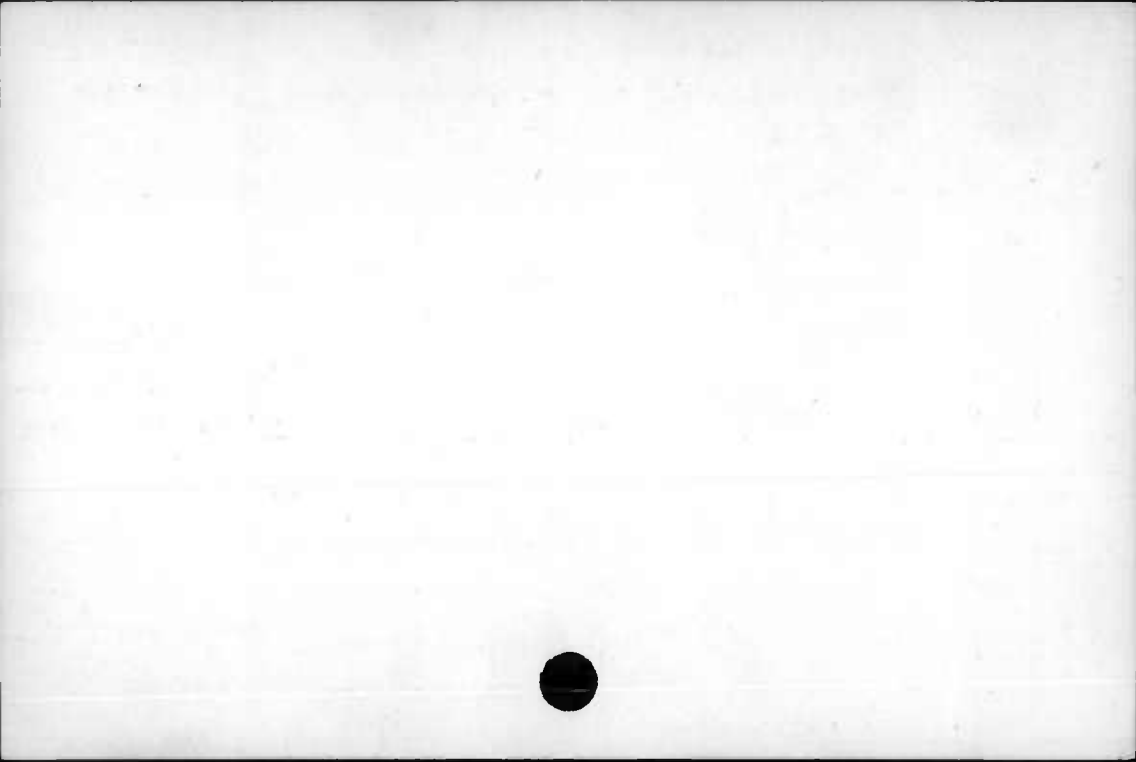
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Haleywood</i>		County <i>St Marys</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		1	27	30			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James E. Lamy</i>					
Father's Name <i>Mr. Dick</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Miss Wood</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>P. Y. Lamm</i>		How related to deceased <i>By Marriage</i>					

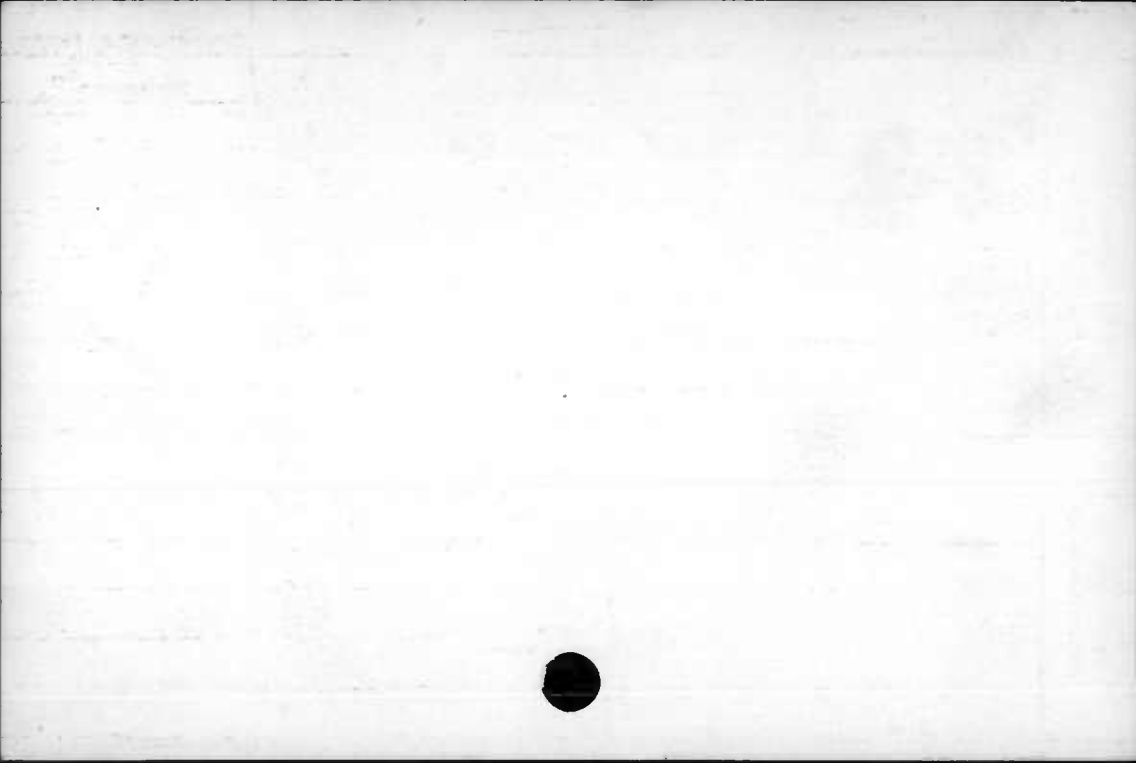
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>93</i>
Immediate		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. O. Reilly</i>	
<i>yes</i>		Address <i>Don't fill.</i>	
Accident or Suicide?			



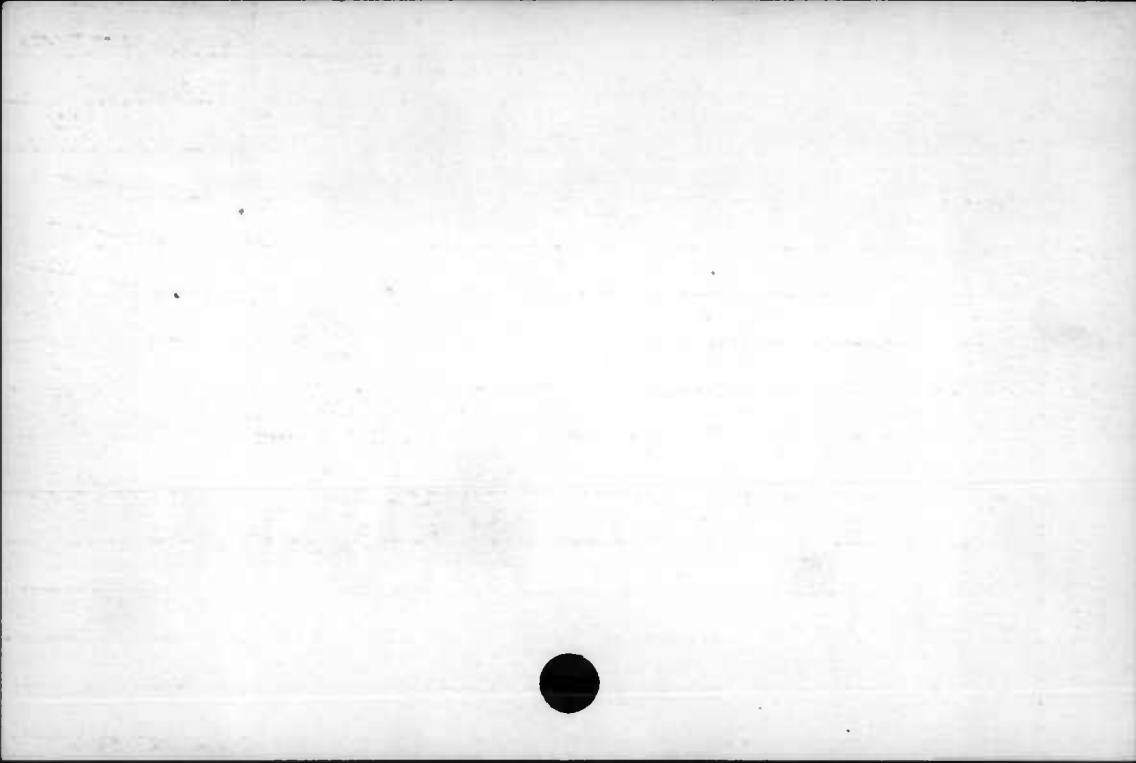
Name in Full		Bessie Raley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Beaune Town		St Marys Co County		MARYLAND	
	Date of death	1907	Jan	14	Age	22	Months — Days —
	Sex	Female		Color or Race	white		
	Occupation	Housewife		Where Residing if not at place of death	St Marys Co		
	Married, Single or Widowed	Married		Name of Wife or Husband	Daniel Raley		
	Father's Name	Harry Eliff		Father's Birthplace	St Marys Co		
	Mother's Maiden Name	Morris		Mother's Birthplace	St Marys Co		
Name of person giving information	G. G. Raley		How related to deceased	Brother in law			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gunshot wound			How long	166	
	Immediate	Shots			How long	few minutes	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	F. J. Greenwell	
	Address				Leonardtown		
Accident or Suicide?	Accident						



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Catherine D Sothoron		Town Charlottesville		County St Marys		CERTIFICATE OF DEATH	
Died at Charlottesville		Month 1		Day 17		Years 70	
Date of death 1907		Months —		Days —		MARYLAND	
Sex Female		Color or Race white		Birth-place Washington D.C.			
Occupation House		Where Residing if not at place of death Charlottesville Ind.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Richard Sothoron		Father's Birthplace Ind.					
Mother's Maiden Name Sarah Johnson		Mother's Birthplace Ind.					
Name of person giving information Leon J Sothoron		How related to deceased Nephew					
CAUSES OF DEATH							
Primary Broncho. Pneumonia		How long one week					
Immediate Heart Exhaustion		How long					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Leon J Sothoron		Address Charlottesville Ind.			
Accident or Suicide?							



Name in Full

Certificate of Death

Died at

Date

Husband
of
WifeFather's
Name

Cause of { Primary

Death { Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

Colored

Single

Widower

Number of children living

Mother's
Name

How long sick

Accident, Suicide, Homicide

Father's birth-place - Maryland

Mother's birth-place - Maryland.